



State of Utah
Department of Public Safety
**RENEWAL APPLICATION FOR CONCEALED FIREARM
PERMIT**

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK

Your application will ***not*** be processed unless this form is completely filled out, notarized and all applicable questions have been answered. Enclose the **\$10.00 fee (include \$7.50 late fee if the permit is more than 30 days expired), and one current passport quality color photo. PLEASE WRITE YOUR NAME ON BACK OF PHOTO!!** Applicants over **one year expired will not** be able to renew and must reapply. Payment may be made in the form of check, money order or credit card, made payable to "Utah Bureau of Criminal Identification". Cash will be accepted if your application is submitted in person. **FEES ARE NON-REFUNDABLE. DO NOT SEND CASH IN THE MAIL.**

NAME _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
(Last) (First) (Middle)

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

☐ ADDRESS _____
(check box if address changed) (Street) (City) (County) (State) (Zip)

MAILING ADDRESS _____
(Street) (City) (County) (State) (Zip)

CONCEALED FIREARM PERMIT #(BRL#) _____ SOCIAL SECURITY NO _____

HOME PHONE _____ WORK PHONE _____ DRIVERS LIC# _____ STATE _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____ RACE _____

WHAT IS YOUR CITIZENSHIP _____ ALIEN REGISTRATION OR NATURALIZATION # _____

Please answer Yes or No to all questions below. A complete criminal background check will be conducted, including expunged and juvenile court records. If you answer Yes to any questions, attach documentation explaining your answer.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a crime of violence?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been arrested for any offense involving domestic violence?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been adjudicated mentally incompetent?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a felony?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any offense involving the use of alcohol?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of the unlawful use of narcotics or controlled substances?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any offense involving moral turpitude?(i.e., theft, shoplifting, sex crimes etc)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been involved in <i>any incident</i> in which you have used unlawful violence or threats of unlawful violence?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently subject to a court sanctioned protective order?

Please read and sign the statement below. **Your signature must be notarized to complete this form.**

I, _____, hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statements herein, I am subject to the penalties prescribed by law. I do hereby authorize the release of any and all information in the possession of any individual, law enforcement agency, firm, partnership, and public or private corporation, necessary to determine the validity and appropriateness of my application. In so doing, I release, exonerate, and hold harmless, any such individual, law enforcement agency, firm, partnership, public or private corporation, the Utah Department of Public Safety, and the State of Utah, from any claim or cause of action which may or could result from the release of this information.

Signature _____ Date _____

Subscribed and sworn to this _____ day of _____ 20 _____

Notary Public

METHOD OF PAYMENT (CHECK APPROPRIATE BOX)

Payment enclosed (check or money order only) ☐

Credit Card ☐

Credit Card payment must include 3 digit control number found on the back of the credit card. There is a \$20.00 service charge for any returned check.

Credit Card Orders:

***Visa**

***MasterCard**

Card Number

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3 Digit Control #

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Expiration Date

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Signature _____

Phone Number _____